

**PPP Meeting  
February 10, 2005**

**Members Present**

Dr. Karen Link	<a href="mailto:kwlinkmd@cox.net">kwlinkmd@cox.net</a>
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George Netroe	
Dane Davis	<a href="mailto:ddavis@vaems.org">ddavis@vaems.org</a>
Tom Ezell	<a href="mailto:tezell@vaems.org">tezell@vaems.org</a>

**Minutes from previous meeting**

Correction to Debbie Thomas statement, she wants wording consistent with VAC 5-31-1080 series

#3 general discussions about testing

80% cut off to pass protocol test

**Protocol Acute MI**

**Concerns about flying patients to Mary Washington or MCV, are they willing to take our patients from the field based on a field 12 lead.**

Cardiac diversion protocol was discussed. Call hospital and check cath-lab status prior to taking patient there. Dr. Link stated, SWCH has an agreement with Norfolk General to transport patients there for cath-lab if they need that service (stent).

**Tom Ezell** was to check with all hospitals regarding cath-lab availability, how long does it take them to spin the lab up at night and what services they offer.

**Indwelling catheters policy**

Need to look into developing a policy on usage and access to indwelling catheters such as a port-o-cath, pic line, subclavian line, or other indwelling catheters. The development of a policy is needed because this is not covered in the curriculum.

York County has an internal policy, Newport News had one, but we are not sure if it still exists.

Looking at access to be limited to life threatening situations only. Consideration to try two (2) peripheral lines prior to access of indwelling catheter. This was tabled to figure out how to train medics and establish the correct wording for policy.

George Netroe stated as a transport agency they access pic lines on med control order, but limit the access to other indwelling catheter

Thom wanted to standardize the training and try to do it online for didactic.

**Tom** to research other regions policies

**Other covered items**

The printing of the small books was delayed on Dr. Links encouragement until we resolve some of the protocol correction issues.

Dr. Link suggests cleaning up the wording and flow of the entire book. However to await further rollout of changes unless specific critical errors are identified.

Thom—brought his errata in for committee to look at  
First item was ALS-12, 1-2 mg Versed IV for cardioversion  
Change A-38 to reflect 1mm of st elevation

Dr. Link ALS-32 mag sulfate needs to be 2-4 grams not 5. Dilute in 40 cc needs to go on pharmacology 20.

Sal Messina brought up treatment of Afib in consideration of Cardizem per ACLS guidelines. Dr. Link suggests that any Afib of unknown duration not be treated in the field unless it is symptomatic. And if symptomatic it should be treated like SVT until you can determine it truly is Afib.

Thom—ALS-10 Atropine should be 0.5 mg to 1 mg I, or 1-2 mg ET. Need to change pharmacology page also.

BLS-1, step 5 should add without med control consult.

Will also change BLS-3 assisted meds to add oral glucose to be administered without med control contact. Change this page to reflect hat can be done with med control and without med control.

Debbie asked if we should check history of diabetes, committee stated if they need it they need it whether or not they are a diabetic. Make sure wording is consistant between BLS-1 and 3

Sal questioned policy on EMT-B using epi-pen. Committee noted this is a new area and research need to be done prior to making a policy statement.

Suggested to make a revision list of changes for dissemination. Tom noted that changes were also being noted at the bottom of each page.

Dr. Link Pre-eclampsia/Eclampsia

Add versed to ALS-32 # 6

Valium/Versed max dose incrementally every 2 minutes until seizure stops or versed

Gray 20 Mag Sulfate page given over 20 min diluted in 40 cc

Mag Sulfate—Pre-eclamptic tabled to talk to the OB folks.

Debbie—reverse blue 10 put ambulance before activate pacer.

Dr. Link will investigate Mag sulfate before sedative/anticonvulsive

Reprint all pharmacology pages with for peds on bottom of page.

Thom—checklist for spinal immobilization, nothing immediate adverse reactions.

Mail link for survey monkey to everyone for suggestions.

2 weeks next meeting February 23. 2005.